

1765
Jfw



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:)
)
KO et al.)
)
Application No: 09/895,566)
)
Filed: June 29, 2001)
)
For: SELF-ALIGNED CONTACT)
PROCESS IMPLEMENTING BIAS)
COMPENSATION ETCH ENDPOINT)
DETECTION AND METHODS FOR)
IMPLEMENTING THE SAME)
)

Examiner: Vinh, L.

Group Art Unit: 1765

Attorney Docket No.: LAM2P258

Date: May 20, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on May 20, 2004.

Signed: _____

Courtney F. Yadegar

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

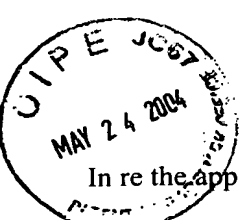
AMENDMENT

Dear Sir:

The Applicants submit this Amendment in response to the Office Action, dated February 20, 2004. Please enter the following remarks in the above-identified patent application:

Amendments to the claims are reflected in the Listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

KO et al.

Application No: 09/895,566

Filed: June 29, 2001

For: SELF-ALIGNED CONTACT PROCESS
IMPLEMENTING BIAS COMPENSATION
ETCH ENDPOINT DETECTION AND
METHODS FOR IMPLEMENTING THE SAME

Examiner: Vinh, L.

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P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After Amendment	Highest Previously Paid For	Present Extra	SMALL ENTITY RATE FEE	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS	<u>19</u> -	<u>19</u>	<u>00</u>	X09 = \$	OR	X18 = \$
INDEP CLAIMS	<u>04</u> -	<u>04</u>	<u>00</u>	X43 = \$	OR	X86 = \$
[] Multiple Dependent Claim Present and Fee Not Previously Paid				\$145		\$290
TOTAL				\$_____		\$_____

- ☐ Applicant(s) hereby petition for a _____ month(s) extension of time to respond to the outstanding Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0805.
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-0805 (Order No. LAM2P258). A copy of this sheet is enclosed.

Respectfully submitted,
MARTINE & PENILLA, LLP

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